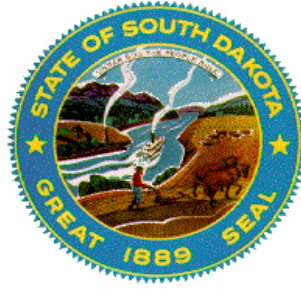


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SOUTH DAKOTA STATE BOARD OF CHIROPRACTIC EXAMINERS

INSTRUCTIONS

1. Application for preceptor program accompanied by the Twenty-five (\$25.00) dollar application fee, payable to "SOUTH DAKOTA BOARD OF CHIROPRACTIC EXAMINERS" must be on file with the Secretary of the Board at least thirty (30) days before preceptor is allowed to participate in the program.
2. Attach to the application in the space marked an original unretouched photograph taken within the past six (6) months showing head and shoulders front view, size 2" x 2".
3. Answer all questions completely and correctly to the best of your knowledge.
4. ALL REQUIREMENTS HEREIN CONTAINED MUST BE FULLY COMPLIED WITH.

APPLICATION FOR PRECEPTOR PROGRAM

1. Full Name _____ M _____ S _____ D _____
2. Permanent Address _____ City _____ State _____ Zip _____
3. Birthplace _____ Date of Birth _____ Age _____ Sex _____
4. Pre-Chiropractic Colleges and Degrees:

(College Name & Location) From _____ 19__ to _____ 19__ _____
(Degree)

(College Name & Location) From _____ 19__ to _____ 20__ _____
(Degree)
5. Location of Preceptorship _____ Start Date _____ End Date _____

AFFIDAVIT

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I also agree to abide by the laws of the state of South Dakota concerning the practice of Chiropractic.

Witness my hand this _____ day of _____ 20__

Signature of Applicant

Notary Public

In testimony whereof, witness my hand and seal of
office this _____ day of _____ 20__

My Commission Expires:

20
(SEAL)

County _____



DEPARTMENT OF HEALTH

SOUTH DAKOTA BOARD OF CHIROPRACTIC EXAMINERS

Steven L. Headrick D.C. DABCO

Office of President

109 East 2nd

Flandreau, SD 57028-1222

Thomas D. Stotz D.C. DABCO

Vice President

216 West 3rd Street

Yankton, SD 57078-4323

Robin R. Lecy D.C.

Office of Secretary/Treasurer

1406 Mt. Rushmore Rd.

Rapid City, SD 57701-4582

Brad K. Schmidt D.C.

Board Member

P.O. Box 37

Marion, SD 57043-0037

PRECEPTORSHIP GUIDELINES IN SOUTH DAKOTA

1. A student can be an associate up to a four-month period for the purpose of augmenting his/her competence in all areas of chiropractic practice. (examination, x-ray, diagnosis, insurance and management).
2. A student should be an observer for an initial period, normally approximately two weeks. This introductory period may be accommodated by overlapping associate assignments.
3. After an initial observation period, an active student can provide the following services:
 - a. Assist in consultations and case histories.
 - b. Assist in examinations.
 - c. Maintain records.
 - d. Take and process x-rays.
 - e. Write x-ray diagnostic reports.
 - f. Assist in administration of chiropractic treatment.
 - g. Perform follow-up examinations.
 - h. Carry out responsibilities involving 3rd party payers.
 - i. Always serve under the field doctor's direct supervision and carry out prescribed treatment only.
 - j. Interns should not be involved in any procedures for which they have not had successful formal classroom training. (e.g. physiotherapy, gynecological/proctological examination)
 - k. Assist in training a successor, if possible.
 - l. Be a teacher to patients about chiropractic and healthful living practices.
 - m. Maintain respect for the doctor, and act with dignity, and professionalism at all times.
 - n. The doctor must be in the office at all times when the intern/student is in the office.

STUDENT REQUIREMENTS

All information is due in this office 30 days prior to placement of the student. The student cannot be placed until final approval is received from the Board of Examiners in writing.

1. Application for preceptor program must be on file with the Secretary of the Board at least 30 days before preceptor is allowed to participate in the program. Please send this information to SDBCE, c/o Marcia Walter, Executive Secretary, 2603 Ella Lane, Yankton, SD 57078.
2. Please submit a \$25.00 application fee, payable to the South Dakota Board of Chiropractic Examiners.
3. Letter of recommendation stating the names of the student applicant and college approved doctor applicant, doctor's office address, and dates of the term. A certified statement that the student has: successfully completed National Boards Part 1, is enrolled in the final term, is in good academic standing, and has had two years of preprofessional college before entering chiropractic college.
4. Provide references from:
 - a. A licensed chiropractor
 - b. Dean of the Chiropractic College the applicant attends
 - c. Clinical director of the Chiropractic College the applicant attendsThe reference should address the applicant's moral character and when and how long the person submitting the reference has known the applicant.

STUDENT QUALIFICATIONS

1. The applying student will be of good moral character.
2. The applying student will be in good academic standing with his college.
3. The program will be open only to senior students with two years preprofessional college.
4. The student will take his own responsibility for his living arrangements.
5. The student will be assigned to one office and will stay there the duration of his internship.
6. The Board of Examiners can remove a student from the preceptor program at anytime.

DOCTOR QUALIFICATIONS

1. The doctor acting as preceptor will be in practice a minimum of five years.
2. The doctor's office will have properly equipped facilities with an x-ray machine, and proper diagnostic and lab equipment. Laboratory facilities will be available to the doctor in his office or through a professional laboratory. The office must have full time office help. The above shall be documented to the board along with the application.
3. The doctor must have had no board infraction in the last two years.
4. The doctor must have adequate malpractice insurance and be prepared to show proof of such insurance if requested by the Board of Examiners.
5. Before the student performs any chiropractic procedure on a patient, the patient shall give consent.
6. The doctor must be willing to offer financial support to the student if needed.
7. The student will be the sole responsibility of the doctor preceptor he is interning with and the student will be under the supervision of the doctor at all times.
8. Any doctor found in violation of the rules and guidelines of this program, will face disciplinary action by the Board of Examiners.
9. The Board of Examiners may make unannounced, periodic visits to facilities to assure that the program is being maintained properly.



DEPARTMENT OF HEALTH

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CHIROPRACTIC PHYSICIANS ASSOCIATE PROGRAM PRECEPTOR APPLICATION

Doctor's Name _____ Date _____

Clinic Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Chiropractic College _____ Date of Graduation _____

States of Chiropractic Licensure _____

Has your license ever been suspended or revoked? _____ If Yes, name State _____

Explain circumstances _____

Malpractice insurance company and policy number: _____

Number of years in practice _____ Number of years in South Dakota _____

Number of doctors in clinic _____ Number of CA's _____

Approx. clinic size _____ sq. ft. Number of treatment rooms _____

How many patients treated during an average week? _____

Average number of new patients per week? _____

Is your office equipped with an x-ray machine? _____

Do you utilize the following procedures in your clinic?

Urinalysis	Yes ()	No ()
Blood counts (RBC, WBC, etc.)	Yes ()	No ()
Blood Chemistries (Hemoglobin, Cholesterol, etc.)	Yes ()	No ()

Do you send blood and urine to a commercial laboratory? _____

Do you refer patients to other facilities for blood work? _____

Chiropractic Methods/Techniques

Check one or two predominant methods used in your clinic.

_____ Integrated (Diversified)	_____ Thompson	_____ SOT
_____ Motion Palpation	_____ Applied Kinesiology	
_____ Gonstead	_____ Activator	
_____ Cox	_____ Pettibon	
_____ Acupuncture	_____ Other	_____

Does your clinic use adjunctive physiotherapy? Yes _____ No _____

If so, what types? _____

Is acupuncture used in your clinic? _____ Needle? _____ Electric? _____

Please state your practice philosophy with regard to differential diagnosis, chiropractic analysis, treatment approaches, record keeping, and practice management methods.

Please state briefly why you wish to include an extern-associate in your practice.

Please return this application with a copy of the coverage of your malpractice insurance policy to:

**South Dakota Board of Chiropractic Examiners
c/o Marcia Walter, Executive Secretary
2603 Ella Lane
Yankton, SD 57078**